



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR RECRUITMENT AND RETENTION
P.O. Box 480, Jefferson City, MO 65102-0480
AGREEMENT FORM FOR THE URBAN FLIGHT AND RURAL NEEDS SCHOLARSHIP

PERSONAL DEMOGRAPHIC INFORMATION:

*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

DAYTIME PHONE NUMBERS

() ()

NAME OF UNDERGRADUATE INSTITUTION

UNDERGRADUATE MAJOR

* View the Social Security number disclosure: http://dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

ASSURANCES

I understand and agree that upon acceptance of scholarship funds through the Urban Flight and Rural Needs Scholarship Program, I shall remain a full-time student in an approved teacher education program through a Missouri college or university until which time I have acquired the credits deemed necessary by the Missouri Department of Elementary and Secondary Education to be eligible for a Missouri teaching certificate (not to exceed five (5) years if attending a four (4) year college or three (3) years if attending a community or junior college).

Upon acceptance of scholarship funds through the Urban Flight and Rural Need Scholarship Program and after acquiring and receiving a Missouri teaching certificate, I understand that I have ten (10) months to acquire a full-time teaching position in a Missouri public elementary or secondary school, the population of which includes a higher than average "at-risk student population."

I understand that failure to be employed as a full-time teacher in a Missouri public school with a population of which includes a higher than average "at-risk student population," for the number of years not to exceed eight (8) years or two (2) years for every year of funding through the Urban Flight and Rural Needs Scholarship program, that I will be required to repay all scholarship funds received through said scholarship with an interest of 9.5%. The amount to repay may be reduced by the number of years taught.

Date Signed

Signature of Borrower

Address

City

State

Zip Code

NOTARY INFORMATION

NOTARY PUBLIC EMBOSS OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME THIS

DAY OF

YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

USE RUBBER STAMP IN CLEAR
AREA BELOW

NOTARY PUBLIC NAME (TYPED OR PRINTED)